

Whereas, according to the National Institute of Mental Health, before the COVID-19 pandemic, nearly 1 in 5 adults in the United States lived with a mental illness;

Whereas, according to the Centers for Disease Control and Prevention (referred to in this preamble as the “CDC”), before the COVID-19 pandemic, up to 1 in 5 children who were 3 to 17 years of age reported a mental, emotional, developmental, or behavioral disorder;

Whereas, according to the CDC, the COVID-19 pandemic has been associated with mental health challenges;

Whereas the “Stress in America 2021: Stress and Decision-Making during the Pandemic” poll found that—

(1) 32 percent of adults, including 48 percent of Millennials, have so much stress about the COVID-19 pandemic that they struggle to make basic decisions, such as what to wear or what to eat;

(2) 59 percent of adults experienced behavior changes as a result of stress in the past month; and

(3) 63 percent of adults agreed that uncertainty about what the next few months would be like caused stress for those individuals;

Whereas the April 2, 2021, CDC Morbidity and Mortality Weekly Report found that, during the COVID-19 pandemic, the percentage of adults with symptoms of an anxiety or a depressive disorder during the 7 days preceding the study rose from 36.4 percent in August 2020 to 41.5 percent in February 2021;

Whereas a Household Pulse Survey in December 2021 found that 30.7 percent of adults reported symptoms of anxiety or depressive disorder, which is up from 11 percent in 2019, and, among those adults, 27.8 percent reported an unmet need for counseling or therapy;

Whereas, according to the CDC, nearly 1 in 6 children has a mental, behavioral, or developmental disorder, such as anxiety or depression, attention-deficit/hyperactivity disorder (commonly referred to as “ADHD”), autism spectrum disorder (commonly referred to as “ASD”), disruptive behavior disorder, or Tourette syndrome;

Whereas, according to data collected by the CDC in 2021, 37 percent of high school students reported that they experienced poor mental health during the COVID-19 pandemic, and 44 percent of those students reported they persistently felt sad or hopeless;

Whereas, according to the CDC, mental health disorders are chronic conditions, and, without proper diagnosis and treatment with respect to those disorders, children can face problems at home, in school, and with their development;

Whereas, according to the CDC, children with mental, emotional, or behavioral disorders benefit from early diagnosis and treatment;

Whereas the Federal Government supports a variety of programs aimed at providing behavioral and mental health resources to children and youth;

Whereas, according to the National Institute of Mental Health, 50 percent of all lifetime cases of mental illness begin by 14 years of age, 75 percent of those illnesses begin by 24 years of age, and 20 percent of youth between 13 and 18 years of age live with a mental health condition;

Whereas an August 2021 study published in JAMA Pediatrics found that the prevalence of depression and anxiety symptoms during COVID-19 has doubled from pre-pandemic rates;

Whereas, in December 2021, the Surgeon General of the Public Health Service, Dr. Vivek Murthy, issued a new Surgeon General’s Advisory—

(1) to highlight the urgent need for families, educators and schools, community organizations, media and technology companies, and governments to address the worsening youth mental health crisis in the United States; and

(2) that noted that—

(A) youth mental health challenges have been on the rise, even before the COVID-19 pandemic; and

(B) from 2007 to 2018, the suicide rate among youth between 10 and 24 years of age increased by 57 percent;

Whereas Imperial College London estimates that more than 214,000 children in the United States have lost a parent or primary caregiver to COVID-19, which continues to raise concerns about the emotional well-being of children;

Whereas, according to the Health Resources and Services Administration’s Behavioral Health Workforce Projections, many areas of the United States are currently experiencing a shortage of behavioral health care providers, particularly those with experience in treating children and adolescents;

Whereas a July 2021 survey by the National Council for Mental Wellbeing found that, during the 12-month period preceding the study—

(1) 49 percent of LGBTQ+ adults experienced more stress and mental health challenges, but only 41 percent said they received treatment or care of any kind for their mental health;

(2) 46 percent of Black adults experienced more stress and mental health challenges, but only 21 percent said they received treatment or care of any kind for their mental health;

(3) 45 percent of Native American adults experienced more stress and mental health challenges, but only 24 percent received treatment or care of any kind for their mental health;

(4) 42 percent of Hispanic adults experienced more stress and mental health challenges, but only 26 percent said they received treatment or care of any kind for their mental health;

(5) 40 percent of Asian adults experienced more stress and mental health challenges, but only 11 percent said they received treatment or care of any kind for their mental health; and

(6) 47 percent of all adults surveyed stated that the cost of help or treatment was an obstacle in seeking treatment for their mental health;

Whereas the number of adults reporting suicidal ideation in 2021 increased by 664,000 when compared with the 2020 dataset;

Whereas the 2021 National Veteran Suicide Prevention Annual Report stated that veterans—

(1) account for 13.7 percent of suicides among United States adults; and

(2) have a 52.3 percent greater rate of suicide than the non-veteran United States population;

Whereas individuals between 10 and 24 years of age account for 14 percent of all suicides;

Whereas suicide is the ninth leading cause of death for adults between 35 and 64 years of age, and adults between 35 and 64 years of age account for 47.2 percent of all suicides in the United States;

Whereas, in 2021, adults with disabilities were 3 times more likely to report suicidal ideation, at 30.6 percent in the month preceding the study, compared to individuals without disabilities, at 8.3 percent; and

Whereas it would be appropriate to observe May 2022 as “Mental Health Awareness Month”; Now, therefore, be it

Resolved, That the Senate—

(1) supports the designation of May 2022 as “Mental Health Awareness Month” to remove the stigma associated with mental illness and place emphasis on scientific findings regarding mental health recovery;

(2) declares mental health to be a national priority;

(3) recognizes that mental well-being is as important as physical well-being for citizens, communities, schools, businesses, and the economy in the United States;

(4) applauds the coalescing of national, State, local, medical, and faith-based organizations in—

(A) working to promote public awareness of mental health; and

(B) providing critical information and support during the COVID-19 pandemic to individuals and families affected by mental illness; and

(5) encourages all people of the United States to draw on “Mental Health Awareness Month” as an opportunity to promote mental well-being and awareness, ensure access to appropriate coverage and services, and support overall quality of life for those living with mental illness.

AMENDMENTS SUBMITTED AND PROPOSED

SA 5048. Mr. LEE submitted an amendment intended to be proposed by him to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table.

SA 5049. Mr. LEE submitted an amendment intended to be proposed by him to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5050. Mr. LEE (for himself and Mr. ROMNEY) submitted an amendment intended to be proposed by him to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5051. Mr. TESTER (for himself and Mr. MORAN) submitted an amendment intended to be proposed by him to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5052. Mr. TESTER submitted an amendment intended to be proposed by him to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5053. Mr. TESTER submitted an amendment intended to be proposed by him to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5054. Mr. TESTER submitted an amendment intended to be proposed by him to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5055. Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5056. Mr. SANDERS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5057. Mr. SANDERS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5058. Mr. SANDERS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5059. Mr. SANDERS submitted an amendment intended to be proposed to

amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5060. Mr. PAUL submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5061. Ms. LUMMIS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5062. Ms. LUMMIS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5063. Mr. MORAN submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

SA 5064. Mr. MORAN submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 5048. Mr. LEE submitted an amendment intended to be proposed by him to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

On page 30, strike lines 4 through 19 and insert the following:

“(b) REMOVAL OF PRESUMPTION.—(1) The Secretary shall—

“(A) issue a regulation to remove an illness from a presumption of service connection previously established pursuant to a regulation issued under subsection (a) if there is a lack of evidence establishing a positive association between the illness and the toxic exposure; and

“(B) issue a regulation to remove a presumption of service connection established pursuant to title IV of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 if there is a lack of evidence establishing a positive association between the disease and the toxic exposure.

SA 5049. Mr. LEE submitted an amendment intended to be proposed by him to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 64, strike line 1 and all that follows through page 65, line 9, and insert the following:

“(1) Chronic asthma that was diagnosed after service of the covered veteran as specified in subsection (c).

“(2) The following types of cancer:

“(A) Squamous cell carcinoma of the larynx.

“(B) Squamous cell carcinoma of the trachea.

“(C) Adenocarcinoma of the trachea.

“(D) Salivary gland-type tumors of the trachea.

“(E) Adenosquamous carcinoma of the lung.

“(F) Large cell carcinoma of the lung.

“(G) Salivary gland-type tumors of the lung.

“(H) Sacromatoid carcinoma of the lung.

“(I) Typical and atypical carcinoid of the lung.

“(3) chronic rhinitis.

“(4) Chronic sinusitis.

SA 5050. Mr. LEE (for himself and Mr. ROMNEY) submitted an amendment intended to be proposed by him to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 5, strike line 1 and all that follows through page 67, line 15.

Beginning on page 86, strike line 1 and all that follows through page 150, line 16.

At the appropriate place, insert the following:

SEC. ____ SENSE OF THE SENATE ON PROVISION OF COMPENSATION.

It is the sense of the Senate that, for the purposes of section 1110 of title 38, United States Code, and subject to section 1113 of such title, for disabilities where there is affirmative evidence to establish that a personal injury suffered or disease contracted in line of duty for which there is a recognized cause, or for aggravation of a preexisting disease contracted in line of duty for which there is a recognized cause, in the active military, naval, air, or space service, during a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

SA 5051. Mr. TESTER (for himself and Mr. MORAN) submitted an amendment intended to be proposed by him to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; REFERENCES TO TITLE 38, UNITED STATES CODE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022” or the “Honoring our PACT Act of 2022”.

(b) MATTERS RELATING TO AMENDMENTS TO TITLE 38, UNITED STATES CODE.—

(1) REFERENCES.—Except as otherwise expressly provided, when in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

(2) AMENDMENTS TO TABLES OF CONTENTS.—Except as otherwise expressly provided, when an amendment made by this Act to title 38, United States Code, adds a section or larger organizational unit to that title or amends the designation or heading of a section or larger organizational unit in that title, that amendment also shall have the effect of amending any table of sections in

that title to alter the table to conform to the changes made by the amendment.

(c) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; references to title 38, United States Code; table of contents.

TITLE I—EXPANSION OF HEALTH CARE ELIGIBILITY

Subtitle A—Toxic-exposed Veterans

Sec. 101. Short title.

Sec. 102. Definitions relating to toxic-exposed veterans.

Sec. 103. Expansion of health care for specific categories of toxic-exposed veterans and veterans supporting certain overseas contingency operations.

Sec. 104. Assessments of implementation and operation.

Subtitle B—Certain Veterans of Combat Service and Other Matters

Sec. 111. Expansion of period of eligibility for health care for certain veterans of combat service.

TITLE II—TOXIC EXPOSURE PRESUMPTION PROCESS

Sec. 201. Short title.

Sec. 202. Improvements to ability of Department of Veterans Affairs to establish presumptions of service connection based on toxic exposure.

Sec. 203. Outreach to claimants for disability compensation pursuant to changes in presumptions of service connection.

Sec. 204. Reevaluation of claims for dependency and indemnity compensation involving presumptions of service connection.

TITLE III—IMPROVING THE ESTABLISHMENT OF SERVICE CONNECTION PROCESS FOR TOXIC-EXPOSED VETERANS

Sec. 301. Short title.

Sec. 302. Presumptions of toxic exposure.

Sec. 303. Medical nexus examinations for toxic exposure risk activities.

TITLE IV—PRESUMPTIONS OF SERVICE CONNECTION

Sec. 401. Treatment of veterans who participated in cleanup of Eniwetok Atoll as radiation-exposed veterans for purposes of presumption of service connection of certain disabilities by Department of Veterans Affairs.

Sec. 402. Treatment of veterans who participated in nuclear response near Palomares, Spain, or Thule, Greenland, as radiation-exposed veterans for purposes of presumption of service connection of certain disabilities by Department of Veterans Affairs.

Sec. 403. Presumptions of service connection for diseases associated with exposures to certain herbicide agents for veterans who served in certain locations.

Sec. 404. Addition of additional diseases associated with exposure to certain herbicide agents for which there is a presumption of service connection for veterans who served in certain locations.

Sec. 405. Improving compensation for disabilities occurring in Persian Gulf War veterans.

Sec. 406. Presumption of service connection for certain diseases associated with exposure to burn pits and other toxins.

Sec. 407. Rule of construction.